

AGENCY INFORMATION SHEET

Agency Name						
Name: _____						
Agency Contact Information						
	1	2	3	4	5	6
	Director:	Fiscal Officer:	Official with Board Authority to Commit Agency to an Agreement and Sign Contract:	Project Director:	Contract Packages are to be mailed to (this person will facilitate obtaining the signature of the individual identified in column 3):	Warrants or Returned Invoices are to be Sent to:
Name:						
Title:						
Street Address:						
City						
Zip						
Telephone:						
E-mail Address:						
Agency Tax Status						
<input type="checkbox"/> Public (Government/University) <input type="checkbox"/> Private, Non-profit <input type="checkbox"/> Other, Specify _____			Tax ID Number _____			
Agency Licensure Status						
Are you a licensed home health agency? <input type="checkbox"/> Yes <input type="checkbox"/> No						